

Fill in this information to identify the case

| | |
|---|-----------------------------------|
| Debtor name | <u>Triad Well Service, LLC</u> |
| United States Bankruptcy Court for the: | <u>SOUTHERN DISTRICT OF TEXAS</u> |
| Case number (if known) | <u>18-30150</u> |

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets -- Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

| Name of institution (bank or brokerage firm) | Type of account | Last 4 digits of account number | |
|--|-------------------------|---------------------------------|--------------------|
| 3.1. <u>Amegy Bank</u> | <u>Checking account</u> | <u>1 6 6 1</u> | <u>\$258.76</u> |
| 3.2. <u>Prosperity Bank</u> | <u>Checking account</u> | <u>2 8 1 4</u> | <u>\$48,060.29</u> |

4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$48,319.05

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.
 Yes. Fill in the information below.

| | | | | |
|---|---|-------------------------------------|---|---|
| Debtor | Triad Well Service, LLC Name | | Case number (if known) | 18-30150 |
| | General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value |
| 19. | Raw materials | MM/DD/YYYY | | Current value of debtor's interest |
| 20. | Work in progress | | | |
| 21. | Finished goods, including goods held for resale | | | |
| 22. | Other inventory or supplies | | | |
| | 5,000 gallons chemicals | | | \$45,000.00 |
| 23. | Total of Part 5 | | | \$45,000.00 |
| Add lines 19 through 22. Copy the total to line 84. | | | | |
| 24. | Is any of the property listed in Part 5 perishable? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| 25. | Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____ | | | | |
| 26. | Has any of the property listed in Part 5 been appraised by a professional within the last year? | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.
 Yes. Fill in the information below.

| | | | |
|---|---|---|------------------------------------|
| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
| 28. Crops--either planted or harvested | | | |
| 29. Farm animals Examples: Livestock, poultry, farm-raised fish | | | |
| 30. Farm machinery and equipment (Other than titled motor vehicles) | | | |
| 31. Farm and fishing supplies, chemicals, and feed | | | |
| 32. Other farming and fishing-related property not already listed in Part 6 | | | |
| 33. Total of Part 6. | | | \$0.00 |
| Add lines 28 through 32. Copy the total to line 85. | | | |

34. Is the debtor a member of an agricultural cooperative?

No
 Yes. Is any of the debtor's property stored at the cooperative?
 No
 Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

No
 Yes. Book value _____ Valuation method _____ Current value _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

No
 Yes

Debtor Triad Well Service, LLC Case number (if known) 18-30150
 Name

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

No
 Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.
 Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|------------------------------------|
| 39. Office furniture <u>Furniture</u> | | | \$200.00 |
| 40. Office fixtures | | | |
| 41. Office equipment, including all computer equipment and communication systems equipment and software <u>2 Laptop computers</u> | | | \$600.00 |
| 42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles | | | |
| 43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86. | | | \$800.00 |

44. Is a depreciation schedule available for any of the property listed in Part 7?

No
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

No
 Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.
 Yes. Fill in the information below.

| General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|------------------------------------|
| 47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles 47.1. <u>18 ft trailer (1)</u> | | | \$2,000.00 |
| 48. Watercraft, trailers, motors, and related accessories Examples: Boats trailers, motors, floating homes, personal watercraft, and fishing vessels | | | |
| 49. Aircraft and accessories | | | |
| 50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) | | | |
| 51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87. | | | \$2,000.00 |

Debtor Triad Well Service, LLC Case number (if known) 18-30150
 Name

52. Is a depreciation schedule available for any of the property listed in Part 8?

No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No
 Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

No. Go to Part 10.
 Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

| Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available. | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|---|------------------------------------|
|--|--|---|---|------------------------------------|

55.1. **4200 3rd St.**
Brookshire, TX 77423

4200 3rd St. Leasehold interest Unknown

55.2. **8370 Mines Rd.**
Laredo, TX 78045
8370 Mines Rd.

Leasehold interest Unknown

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

No
 Yes

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.
 Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------|---|---|------------------------------------|
|---------------------|---|---|------------------------------------|

60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

Debtor Triad Well Service, LLC Case number (if known) 18-30150
 Name

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes. Fill in the information below.

Current value of
 debtor's interest

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Undelivered purchased product

Live Oak Solutions

850 Kaliste Saloom Rd

#202

Lafayette, LA 70508

\$307,000.00

Nature of claim Potential claim

Amount requested \$307,000.00

Insufficient check

Jeff Scriber and GS Oilfield Services, Inc.

c/o Boyd Powers Williamson

105 North St., Ste. B

PO Box 957

Decatur, TX 75234

\$20,200.00

Nature of claim Potential claim

Amount requested \$20,200.00

Debtor Triad Well Service, LLC Case number (if known) 18-30150
 Name

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed Examples: Season tickets, country club membership

78. Total of Part 11. Add lines 71 through 77. Copy the total to line 90. \$327,200.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

No
 Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

| Type of property | Current value of personal property | Current value of real property |
|---|------------------------------------|---|
| 80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1. | <u>\$48,319.05</u> | |
| 81. Deposits and prepayments. Copy line 9, Part 2. | <u>\$0.00</u> | |
| 82. Accounts receivable. Copy line 12, Part 3. | <u>\$1,102,000.00</u> | |
| 83. Investments. Copy line 17, Part 4. | <u>\$0.00</u> | |
| 84. Inventory. Copy line 23, Part 5. | <u>\$45,000.00</u> | |
| 85. Farming and fishing-related assets. Copy line 33, Part 6. | <u>\$0.00</u> | |
| 86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7. | <u>\$800.00</u> | |
| 87. Machinery, equipment, and vehicles. Copy line 51, Part 8. | <u>\$2,000.00</u> | |
| 88. Real property. Copy line 56, Part 9..... | | \$0.00 |
| 89. Intangibles and intellectual property. Copy line 66, Part 10. | <u>\$0.00</u> | |
| 90. All other assets. Copy line 78, Part 11. | <u>+</u> <u>\$327,200.00</u> | |
| 91. Total. Add lines 80 through 90 for each column. 91a. \$1,525,319.05 + 91b. \$0.00 | | |
| 92. Total of all property on Schedule A/B. Lines 91a + 91b = 92..... | | \$1,525,319.05 |

| | |
|---|-------------------------|
| Fill in this information to identify the case: | |
| Debtor name | Triad Well Service, LLC |
| United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS | |
| Case number (if known) | 18-30150 |

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

| <i>Column A</i> Amount of claim Do not deduct the value of collateral. | <i>Column B</i> Value of collateral that supports this claim |
|---|---|
|---|---|

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$253,138.66

Debtor Triad Well Service, LLC Case number (if known) 18-30150

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

| <i>Column A</i> Amount of claim Do not deduct the value of collateral. | <i>Column B</i> Value of collateral that supports this claim |
|---|---|
|---|---|

2.1 Creditor's name Argus Capital Funding, LLC Describe debtor's property that is subject to a lien \$111,794.34 \$1,103,319.05

Creditor's mailing address
85 Broad St., 17th Floor Assets, accounts receivables

Describe the lien
UCC lien / Judgment Lien

Is the creditor an insider or related party?

New York NY 10004

No
 Yes

Creditor's email address, if known

Is anyone else liable on this claim?

Date debt was incurred 8/22/17

No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

As of the petition filing date, the claim is:

Do multiple creditors have an interest in the same property?

Check all that apply.
 Contingent
 Unliquidated
 Disputed

No
 Yes. Specify each creditor, including this creditor, and its relative priority.

For Amegy Bank: 1) Argus Capital Funding, LLC; 2) Catamount Finance LP; 3) CT Corporation as Representative; 4) Corporation Service Co as Rep; 5) Firstinline Capital; 6) Kings Cash Group; 7) Complete Business Solutions Grp.

For Prosperity Bank: 1) Argus Capital Funding, LLC; 2) Catamount Finance LP; 3) CT Corporation as Representative; 4) Corporation Service Co as Rep; 5) Firstinline Capital; 6) Kings Cash Group; 7) Complete Business Solutions Grp.

For Sanchez Oil & Gas 600,000. GS Oilfield Services 80,000. : 1) Argus Capital Funding, LLC; 2) Catamount Finance LP; 3) CT Corporation as Representative; 4) Corporation Service Co as Rep; 5) Firstinline Capital; 6) Kings Cash Group; 7) Complete Business Solutions Grp.

For 5,000 gallons chemicals: 1) Argus Capital Funding, LLC; 2) Catamount Finance LP; 3) CT Corporation as Representative; 4) Corporation Service Co as Rep; 5) Firstinline Capital; 6) Kings Cash Group; 7) Complete Business Solutions Grp.

For Furniture: 1) Argus Capital Funding, LLC; 2) Catamount Finance LP; 3) CT Corporation as Representative; 4) Corporation Service Co as Rep; 5) Firstinline Capital; 6) Kings Cash Group; 7) Complete Business Solutions Grp.

| | | | |
|---|-------------------------|--|---|
| Debtor | Triad Well Service, LLC | Case number (if known) | 18-30150 |
| Part 1: Additional Page | | | |
| Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. | | | |
| 2.2 Creditor's name <u>Catamount Finance LP</u> | | Describe debtor's property that is subject to a lien | Column A Amount of claim Do not deduct the value of collateral |
| Creditor's mailing address <u>11777 Katy Frwy, Ste. 270</u> | | Assets accounts receivable | Column B Value of collateral that supports this claim |
| | | Describe the lien | |
| | | <u>UCC Lien</u> | |
| Is the creditor an insider or related party? | | | |
| <u>Houston</u> <u>TX</u> <u>77079</u> | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Creditor's email address, if known | | | |
| Is anyone else liable on this claim? | | | |
| Date debt was incurred <u>6/14/17</u> | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) | |
| Last 4 digits of account number | | | |
| As of the petition filing date, the claim is: | | | |
| Check all that apply. | | | |
| Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? | | <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u> | | | |
| 2.3 Creditor's name <u>Complete Business Solutions Grp</u> | | Describe debtor's property that is subject to a lien | \$49,376.32 \$1,103,319.05 |
| Creditor's mailing address <u>141 N. 2nd St.</u> | | Accounts, receivables | |
| | | Describe the lien | |
| | | <u>UCC Lien</u> | |
| Is the creditor an insider or related party? | | | |
| <u>Philadelphia</u> <u>PA</u> <u>19106</u> | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Creditor's email address, if known | | | |
| Is anyone else liable on this claim? | | | |
| Date debt was incurred <u>8/22/17</u> | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) | |
| Last 4 digits of account number | | | |
| As of the petition filing date, the claim is: | | | |
| Check all that apply. | | | |
| Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? | | <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u> | | | |

Debtor Triad Well Service, LLCCase number (if known) 18-30150**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

| | | | | |
|------------|--|---|--|-----------------------|
| 2.4 | Creditor's name <u>Corporation Service Co as Rep</u> | Describe debtor's property that is subject to a lien <u>Accounts, receivables</u> | Unknown | \$1,103,319.05 |
| | Creditor's mailing address <u>PO Box 2576</u> | Describe the lien <u>UCC Lien</u> | | |
| | Is the creditor an insider or related party? | | | |
| | <u>Springfield</u> <u>IL</u> <u>62708</u> | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | |
| | Is anyone else liable on this claim? | | | |
| | Date debt was incurred <u>11/15/16</u> | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) | |
| | Last 4 digits of account number | As of the petition filing date, the claim is: Check all that apply. | | |
| | <input checked="" type="checkbox"/> Contingent | | | |
| | <input type="checkbox"/> Unliquidated | | | |
| | <input type="checkbox"/> Disputed | | | |
| | Do multiple creditors have an interest in the same property? | | | |
| | <input type="checkbox"/> No | | | |
| | <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? | | | |
| | <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. | | | |
| | <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u> | | | |
| 2.5 | Creditor's name <u>CT Corporation as Representative</u> | Describe debtor's property that is subject to a lien <u>Accounts, receivables</u> | Unknown | \$1,103,319.05 |
| | Creditor's mailing address <u>330 N Brand Blvd #700</u> | Describe the lien <u>UCC lien</u> | | |
| | Is the creditor an insider or related party? | | | |
| | <u>Glendale</u> <u>CA</u> <u>91203</u> | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | |
| | Is anyone else liable on this claim? | | | |
| | Date debt was incurred <u>4/22/16</u> | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) | |
| | Last 4 digits of account number | As of the petition filing date, the claim is: Check all that apply. | | |
| | <input checked="" type="checkbox"/> Contingent | | | |
| | <input type="checkbox"/> Unliquidated | | | |
| | <input type="checkbox"/> Disputed | | | |
| | Do multiple creditors have an interest in the same property? | | | |
| | <input type="checkbox"/> No | | | |
| | <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? | | | |
| | <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. | | | |
| | <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u> | | | |

| | | | |
|---|-------------------------|--|---|
| Debtor | Triad Well Service, LLC | Case number (if known) | 18-30150 |
| Part 1: Additional Page | | | |
| Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. | | | |
| 2.6 Creditor's name Firstinline Capital | | Describe debtor's property that is subject to a lien | Column A Amount of claim Do not deduct the value of collateral |
| Creditor's mailing address 8605 Santa Monica Blvd #35697 | | Accounts, receivables | Column B Value of collateral that supports this claim |
| | | Describe the lien | |
| | | UCC lien | |
| Is the creditor an insider or related party? | | | |
| Los Angeles CA 90069 | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Creditor's email address, if known | | | |
| Is anyone else liable on this claim? | | | |
| Date debt was incurred 1/23/17 | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) | |
| Last 4 digits of account number | | As of the petition filing date, the claim is: | |
| | | Check all that apply. | |
| Do multiple creditors have an interest in the same property? | | <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? | | | |
| <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. | | | |
| <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1 | | | |
| 2.7 Creditor's name Kings Cash Group | | Describe debtor's property that is subject to a lien | \$91,968.00 \$1,103,319.05 |
| Creditor's mailing address 30 Broad St., Ste. 1201 | | Accounts, receivables | |
| New York, NY | | Describe the lien | |
| | | UCC lien | |
| Is the creditor an insider or related party? | | | |
| | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Creditor's email address, if known | | | |
| Is anyone else liable on this claim? | | | |
| Date debt was incurred 7/20/17 | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) | |
| Last 4 digits of account number | | As of the petition filing date, the claim is: | |
| | | Check all that apply. | |
| Do multiple creditors have an interest in the same property? | | <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? | | | |
| <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. | | | |
| <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1 | | | |

Debtor Triad Well Service, LLC Case number (if known) 18-30150**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

| Name and address | On which line in Part 1 did you enter the related creditor? | Last 4 digits of account number for this entity |
|--|---|---|
| <u>ABF Servicing Attn: Kadine Lyons</u> <u>PO Box 1065</u> <u>New York</u> <u>NY</u> <u>10272</u> | Line <u>2.7</u> | _____ |
| <u>Ariel Bouskila, Esq.</u> <u>40 Exchange Place Ste 1306</u> <u>New York</u> <u>NY</u> <u>10005</u> | Line <u>2.7</u> | _____ |
| <u>Jason A. Gang, Esq.</u> <u>1245 Hewlett Plaza, #478</u> <u>Hewlett</u> <u>NY</u> <u>11557</u> | Line <u>2.1</u> | _____ |
| <u>Norman M. Valz, Esq.</u> <u>205 Arch Street, 2nd Floor</u> <u>Philadelphia</u> <u>PA</u> <u>19106</u> | Line <u>2.3</u> | _____ |
| <u>Par Funding</u> <u>141 N 2nd St</u> <u>Philadelphia</u> <u>PA</u> <u>19106</u> | Line <u>2.3</u> | _____ |
| <u>Stephen E. Price</u> <u>1102 West Ave., Ste. 200</u> <u>Austin</u> <u>TX</u> <u>78701-2020</u> | Line <u>2.1</u> | _____ |

Fill in this information to identify the case:

| | |
|---|-------------------------|
| Debtor | Triad Well Service, LLC |
| United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF TEXAS</u> | |
| Case number (if known) | <u>18-30150</u> |

Check if this is an amended filing

Official Form 206E/F

12/15

Schedule E/F: Creditors Who Have Unsecured Claims

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part. If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | | Total claim | Priority amount |
|---|--|--|-----------------------|
| 2.1 | Priority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$5,309.04 \$5,309.04 |
| Cypress-Fairbanks ISD Tax Office | 10494 Jones Rd., Ste. 106 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | |
| Houston | TX 77065 | Basis for the claim: 2015 & 2016 | |
| Date or dates debt was incurred | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Last 4 digits of account number | | | |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>) | | | |
| 2.2 | Priority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$2,895.42 \$2,895.42 |
| Harris County Tax-Assessor-Coll | PO Box 4622 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | |
| Houston | TX 77210-4622 | Basis for the claim: 2015 & 2016 | |
| Date or dates debt was incurred | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Last 4 digits of account number | | | |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>) | | | |

Debtor Triad Well Service, LLC Case number (if known) 18-30150**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

| | | | |
|---|--|---|---------------------|
| 3.1 | Nonpriority creditor's name and mailing address <u>1st Global Capital Financial Serv</u> <u>1250 E Hallandale Beach Blvd</u> <u>Ste. 409</u> <u>Hallandale Beach</u> <u>FL</u> <u>33009</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$164,821.00 |
| Basis for the claim: <u>Judgment</u> | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| <hr/> | | | |
| 3.2 | Nonpriority creditor's name and mailing address <u>Chemico International, Inc.</u> <u>505 Stonegate Dr., Ste. 200</u> <u>Katy</u> <u>TX</u> <u>77494</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$200,589.01 |
| Basis for the claim: <u>Chemicals</u> | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| <hr/> | | | |
| 3.3 | Nonpriority creditor's name and mailing address <u>Detection Technologies</u> <u>24 Greenway Plaza, Ste. 1050</u> <u>Houston</u> <u>TX</u> <u>77423</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$15,964.74 |
| Basis for the claim: | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| <hr/> | | | |
| 3.4 | Nonpriority creditor's name and mailing address <u>Ford Motor Credit</u> <u>PO Box 107104</u> <u>Atlanta, GA</u> <u>Date or dates debt was incurred</u> <u>Last 4 digits of account number</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$13,000.00 |
| Basis for the claim: | | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| <hr/> | | | |
| <u>9 3 4 9</u> | | | |

Debtor Triad Well Service, LLC Case number (if known) 18-30150**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|---|---|---|---------------------|
| 3.5 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$13,000.00 |
| <u>Ford Motor Credit</u> | | <input type="checkbox"/> Contingent | |
| <u>PO Box 107104</u> | | <input type="checkbox"/> Unliquidated | |
| <u>Atlanta, GA</u> | | <input type="checkbox"/> Disputed | |
| Basis for the claim: | | | |
| Date or dates debt was incurred | | Is the claim subject to offset? | |
| | | <input checked="" type="checkbox"/> No | |
| Last 4 digits of account number | | <input type="checkbox"/> Yes | |
| 3.6 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$21,000.00 |
| <u>Ford Motor Credit</u> | | <input type="checkbox"/> Contingent | |
| <u>PO Box 107104</u> | | <input type="checkbox"/> Unliquidated | |
| <u>Atlanta, GA</u> | | <input type="checkbox"/> Disputed | |
| Basis for the claim: | | | |
| Date or dates debt was incurred | | Is the claim subject to offset? | |
| | | <input checked="" type="checkbox"/> No | |
| Last 4 digits of account number | | <input type="checkbox"/> Yes | |
| 3.7 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$143,688.00 |
| <u>Green Capital Funding, LLC</u> | | <input checked="" type="checkbox"/> Contingent | |
| <u>1 Evertrust Plaza, 14th Floor</u> | | <input type="checkbox"/> Unliquidated | |
| | | <input type="checkbox"/> Disputed | |
| Basis for the claim: <u>Judgment</u> | | | |
| Date or dates debt was incurred | | Is the claim subject to offset? | |
| | | <input checked="" type="checkbox"/> No | |
| Last 4 digits of account number | | <input type="checkbox"/> Yes | |
| 3.8 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$61,992.00 |
| <u>Last Chance Funding, Inc.</u> | | <input checked="" type="checkbox"/> Contingent | |
| <u>411 Hempstead Turnpike #101</u> | | <input type="checkbox"/> Unliquidated | |
| | | <input type="checkbox"/> Disputed | |
| Basis for the claim: <u>Judgment</u> | | | |
| Date or dates debt was incurred | | Is the claim subject to offset? | |
| | | <input checked="" type="checkbox"/> No | |
| Last 4 digits of account number | | <input type="checkbox"/> Yes | |

Debtor **Triad Well Service, LLC**

Case number (if known) 18-30150

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | | |
|---|--|--|--------------|
| 3.9 | Nonpriority creditor's name and mailing address Mark Wallock 120 Country Lane | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$300,000.00 |
| Seguin TX 78155 | | Basis for the claim: | |
| Date or dates debt was incurred March 2016 | | Is the claim subject to offset? | |
| Last 4 digits of account number _____ | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.10 | Nonpriority creditor's name and mailing address Michael Bagdoian, MD 19123 Park Lane | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$866,000.00 |
| Grose Ile MI 48138 | | Basis for the claim: | |
| Date or dates debt was incurred 6/01/20016 | | Is the claim subject to offset? | |
| Last 4 digits of account number _____ | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.11 | Nonpriority creditor's name and mailing address Oilfield Labs of America PO Box 998 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$16,000.00 |
| Leverland TX 79336 | | Basis for the claim: | |
| Date or dates debt was incurred _____ | | Is the claim subject to offset? | |
| Last 4 digits of account number _____ | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.12 | Nonpriority creditor's name and mailing address Richmond Capital Group LLC 111 John St., Rm 1440 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$5,974.00 |
| New York NY 10038-3117 | | Basis for the claim: Judgment | |
| Date or dates debt was incurred _____ | | Is the claim subject to offset? | |
| Last 4 digits of account number _____ | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Debtor Triad Well Service, LLC Case number (if known) 18-30150**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-----|---|--|---|
| 4.1 | <u>Cardinal Equity LLC</u> <u>30 Wall St., 8th Floor</u> <u>New York</u> <u>NY</u> <u>10005</u> | Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain: | _____ |
| 4.2 | <u>Internal Revenue Service</u> <u>P.O. Box 7346</u> <u>Philadelphia</u> <u>PA</u> <u>19101-7346</u> | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | _____ |
| 4.3 | <u>Linbarger Goggan et al.</u> <u>PO Box 3064</u> <u>Houston</u> <u>TX</u> <u>77253-3064</u> | Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain: | _____ |
| 4.4 | <u>Max Recovery Group, LLC</u> <u>One World Trade Center</u> <u>Ste. 8500</u> <u>New York</u> <u>NY</u> <u>10007</u> | Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain: | _____ |
| 4.5 | <u>Par Funding</u> <u>141 N. 2nd St.</u> <u>Philadelphia</u> <u>PA</u> <u>19106</u> | Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only | _____ |
| 4.6 | <u>Swisher & Associates</u> <u>106 E. 6th St.</u> <u>Austin</u> <u>TX</u> <u>78701</u> | Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain: | _____ |

Debtor Triad Well Service, LLC Case number (if known) 18-30150**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

| | Total of claim amounts |
|---|-----------------------------|
| 5a. Total claims from Part 1 | 5a. <u>\$8,204.46</u> |
| 5b. Total claims from Part 2 | 5b. + <u>\$2,104,948.83</u> |
| 5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c. | <u>\$2,113,153.29</u> |

| | |
|---|-------------------------|
| Fill in this information to identify the case: | |
| Debtor name | Triad Well Service, LLC |
| United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS | |
| Case number (if known) | 18-30150 |
| Chapter | 11 |

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

| | | | |
|-----|---|---|--|
| 2.1 | State what the contract or lease is for and the nature of the debtor's interest | 4 pick up trucks (month to month) Contract to be ASSUMED | Enterprise Rent A Car 1505 Harry Wurzbach |
| | State the term remaining | | |
| | List the contract number of any government contract | | San Antonio TX 78209 |
| 2.2 | State what the contract or lease is for and the nature of the debtor's interest | Office lease (month to month) Contract to be ASSUMED | Gary Woods/Kellner Bus Park 4200 3rd St. |
| | State the term remaining | | |
| | List the contract number of any government contract | | Brookshire TX 77423 |
| 2.3 | State what the contract or lease is for and the nature of the debtor's interest | Rental of land and forklift (month to month) Contract to be ASSUMED | Orozco Crane 8370 Mines Rd |
| | State the term remaining | | |
| | List the contract number of any government contract | | Laredo TX 78045 |

Fill in this information to identify the case:

| | |
|---|-----------------------------------|
| Debtor name | <u>Triad Well Service, LLC</u> |
| United States Bankruptcy Court for the: | <u>SOUTHERN DISTRICT OF TEXAS</u> |
| Case number (if known) | <u>18-30150</u> |

Check if this is an amended filing

Official Form 206H

12/15

Schedule H: Codebtors

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

| Column 1: Codebtor | | | Column 2: Creditor | |
|---------------------------------|-----------------|----------------|---------------------------------|---|
| | | | Check all schedules that apply: | |
| Name | Mailing address | | Name | |
| 2.1 LGM Environmental, Ltd. | PO Box 549 | | Kings Cash Group | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| | Number Street | | | |
| | Brookshire | TX 77423-0549 | | |
| | City | State ZIP Code | | |
| 2.2 Metro Security Systems Inc. | PO Box 549 | | Kings Cash Group | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| | Number Street | | | |
| | Brookshire | TX 77423-0549 | | |
| | City | State ZIP Code | | |
| 2.3 Michael Bagdoian, MD | 19123 | | Ford Motor Credit | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| | Number Street | | | |
| | Crosse Ile | MI 48138 | | |
| | City | State ZIP Code | | |
| 2.4 Michael Bagdoian, MD | 19123 Park Lane | | Ford Motor Credit | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| | Number Street | | | |
| | Grosse Ile | MI 48138 | | |
| | City | State ZIP Code | | |

Debtor

Triad Well Service, LLC

Case number (if known) 18-30150

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

| Column 1: Codebtor | | | Column 2: Creditor | | |
|--------------------------|--|--|-----------------------------------|--|---|
| | | | | | |
| | | | Check all schedules that apply: | | |
| Name | Mailing address | | Name | | |
| 2.5 Michael Bagdoian, MD | 19123 Park Lane Number Street | | Ford Motor Credit | | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| | Grosse Ile MI 48138 City State ZIP Code | | | | |
| 2.6 Michael T. Kramer | 4210 Waterbeck Number Street | | 1st Global Capital Financial Serv | | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| | Fulshear TX 77441 City State ZIP Code | | | | |
| 2.7 Michael T. Kramer | 4210 Waterbeck Number Street | | Argus Capital Funding, LLC | | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| | Fulshear TX 77441 City State ZIP Code | | | | |
| 2.8 Michael T. Kramer | 4210 Waterbeck Number Street | | Complete Business Solutions Grp | | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| | Fulshear TX 77441 City State ZIP Code | | | | |
| 2.9 Michael T. Kramer | 4210 Waterbeck Number Street | | Green Capital Funding, LLC | | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| | Fulshear TX 77441 City State ZIP Code | | | | |
| 2.10 Michael T. Kramer | 4210 Waterbeck Number Street | | Kings Cash Group | | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| | Fulshear TX 77441 City State ZIP Code | | | | |
| 2.11 Michael T. Kramer | 4210 Waterbeck Number Street | | Last Chance Funding, Inc. | | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| | Fulshear TX 77441 City State ZIP Code | | | | |

Debtor Triad Well Service, LLCCase number (if known) 18-30150**Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

| <i>Column 1: Codebtor</i> | | | <i>Column 2: Creditor</i> | | |
|---------------------------|-----------------------------------|---|--|---------------------------------------|---|
| | | | <i>Check all schedules that apply:</i> | | |
| | Name | Mailing address | Name | | |
| 2.12 | Michael T. Kramer | 4210 Waterbeck Number Street | Richmond Capital Group LLC | <input type="checkbox"/> D | <input checked="" type="checkbox"/> E/F |
| | | Fulshear TX 77441 City State ZIP Code | | <input type="checkbox"/> G | |
| 2.13 | Michael T. Kramer | 4210 Waterbeck Number Street | TVT Capital, LLC | <input type="checkbox"/> D | <input checked="" type="checkbox"/> E/F |
| | | Fulshear TX 77441 City State ZIP Code | | <input type="checkbox"/> G | |
| 2.14 | T.E.S., LLC | PO Box 549 Number Street | Kings Cash Group | <input checked="" type="checkbox"/> D | <input type="checkbox"/> E/F |
| | | Brookshire TX 77423-0549 City State ZIP Code | | <input type="checkbox"/> G | |
| 2.15 | Total Remediation Initiatives | And Designs Energy Services, LLC Number Street | Kings Cash Group | <input checked="" type="checkbox"/> D | <input type="checkbox"/> E/F |
| | | PO Box 549 | | <input type="checkbox"/> G | |
| | | Brookshire TX 77423-0549 City State ZIP Code | | | |
| 2.16 | Triad Specialty Solutions Ecuador | PO Box 549 Number Street | Kings Cash Group | <input checked="" type="checkbox"/> D | <input type="checkbox"/> E/F |
| | | Brookshire TX 77423-0549 City State ZIP Code | | <input type="checkbox"/> G | |
| 2.17 | Triad Specialty Solutions, LLC | 4200 3rd St. Number Street | Richmond Capital Group LLC | <input type="checkbox"/> D | <input checked="" type="checkbox"/> E/F |
| | | Brookshire TX 77423 City State ZIP Code | | <input type="checkbox"/> G | |
| 2.18 | Triad Specialty Solutions, LLC | PO Box 549 Number Street | Argus Capital Funding, LLC | <input checked="" type="checkbox"/> D | <input type="checkbox"/> E/F |
| | | Brookshire TX 77423-0549 City State ZIP Code | | <input type="checkbox"/> G | |

Debtor Triad Well Service, LLCCase number (if known) 18-30150**Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

| <i>Column 1: Codebtor</i> | | <i>Column 2: Creditor</i> | <i>Check all schedules that apply:</i> |
|--|------------------------------------|--|---|
| Name | Mailing address | Name | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.19 Triad Specialty Solutions, LLC | PO Box 549 Number Street | Kings Cash Group | |
| | Brookshire City | TX 77423-0549 State ZIP Code | |
| 2.20 Triad Specialty Solutions, LLC | PO Box 549 Number Street | Complete Business Solutions Grp | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| | Brookshire City | TX 77423-0549 State ZIP Code | |
| 2.21 Tripuls | PO Box 549 Number Street | Kings Cash Group | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| | Brookshire City | TX 77423 State ZIP Code | |

Fill in this information to identify the case:Debtor Name Triad Well Service, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number (if known): 18-30150 Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets--Real and Personal Property (Official Form 206A/B)****1a. Real property:**

Copy line 88 from Schedule A/B.....

\$0.00**1b. Total personal property:**

Copy line 91A from Schedule A/B.....

\$1,525,319.05**1c. Total of all property**

Copy line 92 from Schedule A/B.....

\$1,525,319.05**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)**

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....

\$253,138.66**3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)****3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\$8,204.46**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$2,104,948.83**4. Total liabilities**

Lines 2 + 3a + 3b.....

\$2,366,291.95

Fill in this information to identify the case and this filing:

| | |
|---|-------------------------|
| Debtor Name | Triad Well Service, LLC |
| United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS | |
| Case number (if known) | 18-30150 |

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)*
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)*
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)*
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)*
- Schedule H: Codebtors (Official Form 206H)*
- A Summary of Assets and Liabilities for Non-Individuals (Official Form 206-Summary)*
- Amended Schedule* _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)*
- Other document that requires a declaration* _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/29/2018
MM / DD / YYYY

X Michael T. Kramer
Signature of individual signing on behalf of debtor

Michael T. Kramer
Printed name

President
Position or relationship to debtor

Fill in this information to identify the case:

| | |
|---|-----------------------------------|
| Debtor name | Triad Well Service, LLC |
| United States Bankruptcy Court for the: | <u>SOUTHERN DISTRICT OF TEXAS</u> |
| Case number (if known) | <u>18-30150</u> |

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply.

Gross revenue
(before deductions and exclusions)

| | | | | |
|---|---|-------------|--|----------------|
| From the beginning of the fiscal year to filing date: | From <u>01/01/2018</u> to MM / DD / YYYY | Filing date | <input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____ | \$105,953.50 |
| For prior year: | From <u>01/01/2017</u> to MM / DD / YYYY | 12/31/2017 | <input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____ | \$2,560,672.00 |
| For the year before that: | From <u>01/01/2016</u> to MM / DD / YYYY | 12/31/2016 | <input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____ | \$315,390.00 |

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

| 3.1. | Creditor's name and address | Dates | Total amount or value | Reasons for payment or transfer Check all that apply |
|-----------------------------|--|---|-----------------------|--|
| | | | | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| Chemico International, Inc. | Creditor's name 505 Stonegate Dr., Ste. 200 Street | 11/03/17 - \$50,005.50 11/27/17 - \$30,000 12/19/17 - \$40,000 | \$120,005.50 | |
| Katy | City | TX | 77494 | |

| Debtor | Triad Well Service, LLC | | | Case number (if known) | 18-30150 | |
|---|-----------------------------------|--|-------------------|------------------------|--|--|
| Name | | | | | | |
| Creditor's name and address | | | Dates | Total amount or value | Reasons for payment or transfer <i>Check all that apply</i> | |
| 3.2. | <u>Michael Bagdoian, MD</u> | | | <u>11/22/17 -</u> | <u>\$25,000.00</u> | <input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| Creditor's name <u>19123 Park Lane</u> | | | <u>\$12,000</u> | <u>12/04/17 -</u> | <u>\$13,000</u> | |
| Street | | | | | | |
| <u>Grose Ile</u> MI <u>48138</u> | | | | | | |
| City State ZIP Code | | | | | | |
| Creditor's name and address | | | Dates | Total amount or value | Reasons for payment or transfer <i>Check all that apply</i> | |
| 3.3. | <u>Mark Wallock</u> | | | <u>11/17/17</u> | <u>\$15,470.00</u> | <input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| Creditor's name <u>120 Country Lane</u> | | | <u>\$5,000</u> | <u>12/04/17</u> | <u>\$5,235</u> | |
| Street | | | <u>\$5,235</u> | <u>12/22/17</u> | <u>\$5,235</u> | |
| <u>Seguin</u> TX <u>78155</u> | | | | | | |
| City State ZIP Code | | | | | | |
| Creditor's name and address | | | Dates | Total amount or value | Reasons for payment or transfer <i>Check all that apply</i> | |
| 3.4. | <u>Green Capital Funding, LLC</u> | | | <u>10/19/17</u> | <u>\$8,000.00</u> | <input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| Creditor's name <u>1 Evertrust Plaza, 14th Floor</u> | | | <u>\$8,000</u> | | | |
| Street | | | | | | |
| <u>Jersey City</u> NJ <u>07302</u> | | | | | | |
| City State ZIP Code | | | | | | |
| Creditor's name and address | | | Dates | Total amount or value | Reasons for payment or transfer <i>Check all that apply</i> | |
| 3.5. | <u>Progressive County Mutual</u> | | | <u>12/06/17 -</u> | <u>\$15,386.23</u> | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| Creditor's name | | | <u>\$9,354.40</u> | <u>12/06/17 -</u> | <u>\$6,031.86</u> | |
| Street | | | | | | |
| City State ZIP Code | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------------|------------------|-----------------------|---|-----------------|-------|--|-----------|--|------------|--|---------|--|-------|--|----------|--|---------|--|----------|--|-------|--|----------|--|-------|--|----------|--|-------|--|----------|--|-------|--|------------|--|------------|--|------------|--|------------|--|----------|--|-------|--|------------|--|------------|--|----------|--|-------|--|------------|--|------------|--|----------|--|---------|--|------------|--|------------|--|----------|--|--------|--|----------|--|----------|--|------------|--|------------|--|----------|--|---------|--|----------|--|-------|--|----------|--|-------|--|
| Debtor | <u>Triad Well Service, LLC</u> | | | Case number (if known) | <u>18-30150</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Creditor's name and address | | Dates | Total amount or value | Reasons for payment or transfer <i>Check all that apply</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.6. <u>Enterprise Truck Leasing</u> | | <u>1/12/18</u> | <u>\$25,371.30</u> | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>vechicle leases</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Creditor's name <u>1505 Harry Wurzbach</u> | | <u>1/11/18 -</u> | <u>\$400</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street | | <u>1/09/18</u> | <u>\$2,073.53</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>San Antonio</u> | | <u>TX</u> | <u>78209</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | State | ZIP Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>\$400</td> <td></td> </tr> <tr> <td>1/04/18 -</td> <td></td> </tr> <tr> <td>\$1,963.44</td> <td></td> </tr> <tr> <td>1/04/18</td> <td></td> </tr> <tr> <td>\$400</td> <td></td> </tr> <tr> <td>12/28/17</td> <td></td> </tr> <tr> <td>\$59.35</td> <td></td> </tr> <tr> <td>12/28/17</td> <td></td> </tr> <tr> <td>\$400</td> <td></td> </tr> <tr> <td>12/29/17</td> <td></td> </tr> <tr> <td>\$400</td> <td></td> </tr> <tr> <td>12/20/17</td> <td></td> </tr> <tr> <td>\$400</td> <td></td> </tr> <tr> <td>12/14/17</td> <td></td> </tr> <tr> <td>\$400</td> <td></td> </tr> <tr> <td>12/14/17 -</td> <td></td> </tr> <tr> <td>\$1,934.35</td> <td></td> </tr> <tr> <td>12/13/17 -</td> <td></td> </tr> <tr> <td>\$2,635.38</td> <td></td> </tr> <tr> <td>12/07/17</td> <td></td> </tr> <tr> <td>\$400</td> <td></td> </tr> <tr> <td>12/05/17 -</td> <td></td> </tr> <tr> <td>\$1,905.55</td> <td></td> </tr> <tr> <td>12/04/17</td> <td></td> </tr> <tr> <td>\$400</td> <td></td> </tr> <tr> <td>11/29/17 -</td> <td></td> </tr> <tr> <td>\$1,701.78</td> <td></td> </tr> <tr> <td>11/24/17</td> <td></td> </tr> <tr> <td>\$1,935</td> <td></td> </tr> <tr> <td>11/14/17 -</td> <td></td> </tr> <tr> <td>\$1,726.14</td> <td></td> </tr> <tr> <td>11/03/17</td> <td></td> </tr> <tr> <td>868.70</td> <td></td> </tr> <tr> <td>11/02/17</td> <td></td> </tr> <tr> <td>\$646.95</td> <td></td> </tr> <tr> <td>10/31/17 -</td> <td></td> </tr> <tr> <td>\$1,921.02</td> <td></td> </tr> <tr> <td>10/30/17</td> <td></td> </tr> <tr> <td>\$1,000</td> <td></td> </tr> <tr> <td>10/27/17</td> <td></td> </tr> <tr> <td>\$500</td> <td></td> </tr> <tr> <td>10/17/17</td> <td></td> </tr> <tr> <td>\$500</td> <td></td> </tr> </table> | | | | | | \$400 | | 1/04/18 - | | \$1,963.44 | | 1/04/18 | | \$400 | | 12/28/17 | | \$59.35 | | 12/28/17 | | \$400 | | 12/29/17 | | \$400 | | 12/20/17 | | \$400 | | 12/14/17 | | \$400 | | 12/14/17 - | | \$1,934.35 | | 12/13/17 - | | \$2,635.38 | | 12/07/17 | | \$400 | | 12/05/17 - | | \$1,905.55 | | 12/04/17 | | \$400 | | 11/29/17 - | | \$1,701.78 | | 11/24/17 | | \$1,935 | | 11/14/17 - | | \$1,726.14 | | 11/03/17 | | 868.70 | | 11/02/17 | | \$646.95 | | 10/31/17 - | | \$1,921.02 | | 10/30/17 | | \$1,000 | | 10/27/17 | | \$500 | | 10/17/17 | | \$500 | |
| \$400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1/04/18 - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$1,963.44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1/04/18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/28/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$59.35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/28/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/29/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/20/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/14/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/14/17 - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$1,934.35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/13/17 - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$2,635.38 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/07/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/05/17 - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$1,905.55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12/04/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11/29/17 - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$1,701.78 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11/24/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$1,935 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11/14/17 - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$1,726.14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11/03/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 868.70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11/02/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$646.95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10/31/17 - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$1,921.02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10/30/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$1,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10/27/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10/17/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|---|--------------------------------|-------------------|--|---|-----------------|
| Debtor | <u>Triad Well Service, LLC</u> | | | Case number (if known) | <u>18-30150</u> |
| Name | | | | | |
| Creditor's name and address | | Dates | Total amount or value | Reasons for payment or transfer <i>Check all that apply</i> | |
| 3.7. <u>Ford Motor Credit</u> | | 12/19/17 - | <u>\$6,658.36</u> | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>co-debtor</u> | |
| Creditor's name <u>PO Box 107104</u> | | <u>\$571.76</u> | | | |
| Street <u>Atlanta, GA</u> | | <u>\$544.58</u> | | | |
| | | <u>12/19/17 -</u> | <u>\$1,634.24</u> | | |
| City | State | ZIP Code | 10/26/17 - <u>\$1,675.10;</u> 10/26/17 - <u>\$1,116.39</u> 10/26/17 - <u>\$1,116.29</u> | | |

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

| | | | |
|--|-----------|-----------------------|--|
| Insider's name and address | Dates | Total amount or value | Reasons for payment or transfer |
| 4.1. <u>Michael T. Kramer</u> | 1/15/17 - | <u>\$252,935.00</u> | Out of the \$252,935 |
| Creditor's name <u>4210 Waterbeck</u> | 1/15/18 | | disbursements were made to the following parties: Glenn Paxton - \$58,935. Al Massey - \$76,850. Michael T. Kramer - \$84,150 |
| Street | | | |
| Fulshear | TX | <u>77441</u> | |
| City | State | ZIP Code | |

Relationship to debtor

Debtor's president

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Debtor Triad Well Service, LLC Case number (if known) 18-30150
 Name

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

| | | | |
|--|--------------------------------------|------------------------------------|---|
| Case title | Nature of case | Court or agency's name and address | Status of case |
| 7.1. Argus Capital v Triad Specialty Sol et al | Petition to enforce foreign judgment | Co Ct at Law #3, Ft. Bend Co, TX | <input checked="" type="checkbox"/> Pending |
| | | Name | <input type="checkbox"/> On appeal |
| | | 301 Jackson St | <input type="checkbox"/> Concluded |
| | | Street | |

Case number
17-CV-060850

Richmond TX 77469
 City State ZIP Code

| | | | |
|--|------------------------|------------------------------------|---|
| Case title | Nature of case | Court or agency's name and address | Status of case |
| 7.2. Argus Capital v Triad Specialty Sol et al | Confession of Judgment | Supreme Ct, Orange Co., NY | <input type="checkbox"/> Pending |
| | | Name | <input type="checkbox"/> On appeal |
| | | 255 Main St. | <input checked="" type="checkbox"/> Concluded |
| | | Street | |

Case number
Index EF006646-2017

Goshien NY 10924
 City State ZIP Code

| | | | |
|---|------------------------|--------------------------------------|---|
| Case title | Nature of case | Court or agency's name and address | Status of case |
| 7.3. Complete Busines Sol v Triad Well Serv | Confession of Judgment | Philadelphia Co, PA Ct of Common Ple | <input type="checkbox"/> Pending |
| | | Name | <input type="checkbox"/> On appeal |
| | | Street | <input checked="" type="checkbox"/> Concluded |

Case number
170803364

Philadelphia PA
 City State ZIP Code

| | | | |
|--|------------------------|------------------------------------|---|
| Case title | Nature of case | Court or agency's name and address | Status of case |
| 7.4. Green Capital Funding v Triad Well Serv | Confession of Judgment | Supreme Ct, unknown Co., NY | <input type="checkbox"/> Pending |
| | | Name | <input type="checkbox"/> On appeal |
| | | Street | <input checked="" type="checkbox"/> Concluded |

Case number
unknown

City State ZIP Code

| | | | |
|---|----------------|------------------------------------|---|
| Case title | Nature of case | Court or agency's name and address | Status of case |
| 7.5. Kings Cash Grp v Triad Well Serv et al | Judgment | Supreme Ct, Orange Co, NY | <input type="checkbox"/> Pending |
| | | Name | <input type="checkbox"/> On appeal |
| | | Street | <input checked="" type="checkbox"/> Concluded |

Case number
Index #EF006668-17

City State ZIP Code

| | | | |
|---|--------------------------------|------------------------------------|---|
| Debtor | <u>Triad Well Service, LLC</u> | Case number (if known) | <u>18-30150</u> |
| Name | | | |
| Case title | Nature of case | Court or agency's name and address | Status of case |
| 7.6. Last Chance Funding v Triad Well Serv | Judgment | Supreme Ct, Nassau Co., NY | <input type="checkbox"/> Pending |
| | | Name | <input type="checkbox"/> On appeal |
| | | Street | <input checked="" type="checkbox"/> Concluded |
| Case number | | City | State ZIP Code |
| Index #613664/2017 | | | |
| Case title | Nature of case | Court or agency's name and address | Status of case |
| 7.7. Richmond Cap Grp v Triad Well Serv et al | Confession of Judgment | Supreme Ct, unknown Co, NY | <input type="checkbox"/> Pending |
| | | Name | <input type="checkbox"/> On appeal |
| | | Street | <input checked="" type="checkbox"/> Concluded |
| Case number | | City | State ZIP Code |
| unknown | | | |
| Case title | Nature of case | Court or agency's name and address | Status of case |
| 7.8. TTV Capital v Triad Well Service et al | Confession of Judgment | Supreme Ct, unknown Co., NY | <input type="checkbox"/> Pending |
| | | Name | <input type="checkbox"/> On appeal |
| | | Street | <input checked="" type="checkbox"/> Concluded |
| Case number | | City | State ZIP Code |
| Unknown | | | |

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Debtor Triad Well Service, LLC
NameCase number (if known) 18-30150**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None

| Who was paid or who received the transfer? | If not money, describe the property transferred | Dates | Total amount or value |
|--|---|----------------|-----------------------|
| 11.1. <u>Fuqua & Associates, PC</u> | | 10/26/17 | <u>\$37,666.60</u> |
| Address | | \$5000. | |
| <u>5005 Riverway</u> | | 11/09/17 | |
| Street | | \$5000. | |
| <u>Suite 250</u> | | 12/08/17 | |
| <u>Houston</u> | <u>TX</u> | <u>\$5000.</u> | |
| City | State | 01/12/18 | |
| | ZIP Code | | <u>\$22,666.60</u> |
| Email or website address | | | |
| <u>RLFuqua@FuquaLegal.com</u> | | | |

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

 None**13. Transfers not already listed on this statement**

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

 None**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Debtor Triad Well Service, LLC _____ Case number (if known) 18-30150
 Name _____

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

No.

Yes. State the nature of the information collected and retained _____

Does the debtor have a privacy policy about that information?

- No.
- Yes.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

- No. Go to Part 10.
- Yes. Fill in below:

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Debtor Triad Well Service, LLC _____ Case number (if known) 18-30150 _____
 Name _____

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?

Include settlements and orders.

No

Yes. Provide details below.

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Provide details below.

24. Has the debtor notified any governmental unit of any release of hazardous material?

No

Yes. Provide details below.

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Debtor Triad Well Service, LLC Case number (if known) 18-30150
 Name

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address

Dates of service

26a.1. James V. Liska, CPA

Name
PO Box 549
 Street

From _____ To present

Brookshire TX 77423
 City State ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address

If any books of account and records are
 unavailable, explain why

26c.1. Michael T. Kramer

Name
PO Box 549
 Street

Brookshire TX 77423
 City State ZIP Code

Name and address

If any books of account and records are
 unavailable, explain why

26c.2. James T. Liska, CPA

Name
PO Box 549
 Street

Brookshire TX 77423
 City State ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Debtor Triad Well Service, LLC Case number (if known) 18-30150
 Name

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No.
 Yes. Give the details about the two most recent inventories.

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|-------------------|------------------------------------|-------------------------------------|-----------------------|
| Michael T. Kramer | PO Box 549 Brookshire, TX 77423 | President / Owner | 100% |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No
 Yes. Identify below.

| Name | Address | Position and nature of any interest | Period during which position or interest was held |
|------|---------|-------------------------------------|---|
|------|---------|-------------------------------------|---|

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No
 Yes. Identify below.

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No
 Yes. Identify below.

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No
 Yes. Identify below.

Part 14: Signature and Declaration

WARNING --Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$600,000 or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/29/2018

MM / DD / YYYY

X Michael T. Kramer

Printed name Michael T. Kramer

Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes